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Understanding WINASAP2003 for Professional
Claims Processing (CMS 1500)

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Welcome to the WebEx training session for Understanding WINASAP2003 for
Professional Claims Processing CMS 1500. The following pre-requisites are
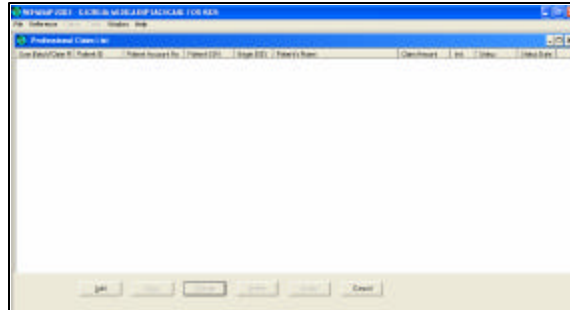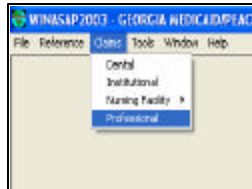required.

You must:

• Be a Georgia Medicaid Provider with a TPID number.

• Be an authorized Georgia billing agent with a TPID number.

• Have taken Understanding WINASAP2003 General Overview Training.

**Slide 2**

To begin processing a professional claim in WINASAP:

1. Select **Professional** from the **Claims menu**.
2. Click **Add** on the **Professional Claim List** screen.

## Professional Claim Type: CMS-1500 Claims Entry (continued)

Slide 3

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There are 4 tabs on the Professional Claim Data portlet:

- **Claim Data**
- **Claim Codes**
- **Claim Information**
- **Claim Line Item**

Begin entering claim data by completing the fields on the **Claim Data** tab

1. Enter the date the claim is billed to the payer in the **Bill Date\*** field by doing one of the following:

   a) Press **F5**, and the system will pre-fill the date field with the current system date.

   b) Use the **Calendar** function by doing the following:
      - Click the **Calendar** button.
      - Locate the desired date
      - Double-click on the date, this will enter the date and close the calendar window.

2. Enter your four-digit batch number in the **User batch #** field.
3. Enter your nine-digit claim number, in the **User Claim Number** field.
4. Enable the **Encounter Claim** checkbox, if appropriate.

**NOTE:**

- *"\*" denotes a required field.*
- *Select **Original** from the **Claim Frequency Type Code** drop-down selections in the **Claim Data.***

5. In the **Patient Information** portlet, select the appropriate patient from the drop-down list.

   - Locate and double-click on the patient's name.
   - Once you have selected the appropriate patient name; the **DOB, Gender**, and

3

Professional Claim Type: CMS-1500 Claims Entry (continued)

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Continue entering information on the **Claim Data** tab:

6. In the Provider Information portlet, complete the following fields:

    • **Billing Provider ID** *

    • **Pay-To Provider ID** *

    • **Signature on File** *

    • **Rendering Provider ID**

7. In the Claim Data portlet, complete the following fields:

    • **Principal Diagnosis**

    • **Other Diagnosis Codes 7**

    • **Place of Service** *

**NOTE:**

• "*" denotes a required field.

• *Select **Original** from the Claim **Frequency Type Code** menu selections.*


8. Click **Claim Codes** tab or **Next Page** button.

4

Professional Claim Type: CMS-1500 Claims Entry (continued)

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Continue entering claim information by completing the fields on the **Claim Codes** tab.

In the Claim Codes portlet, complete the following required fields by selecting the appropriate option from drop-down menu selections:

- **Medicare Assignment Code** * Select "Not Assigned"
- **Release of Information Code** *
- **Patient Signature Source Code** *
- **Claim Filing Indicator** * Select "Medicaid"

**NOTE:** *"*" denotes a required field.*

5

Professional Claim Type: CMS-1500 Claims
Entry (continued)

Claim Numbers:
Mammogram Certification Number:
Medical Record Number:
CLIA Number 1:
CLIA Number 2:
CLIA Number 3:

Prior Auth/Referral Qualifier 1:
Prior Auth/Referral Number 1:
Prior Auth/Referral Qualifier 2:
Prior Auth/Referral Number 2:
Other Claim Level Numbers

Next Page    Previous Page    Save    Cancel

Continue entering claim information by completing the fields on the **Claim Codes** tab.

4. In the Claim Numbers portlet, complete the following fields:

   • **Prior Auth/Referral Qualifier 1 and** 2 **-** Select either "Referral Number" or "Prior Authorization Number".

   • **Prior Auth/Referral Number 1 and 2 –** Enter the corresponding referral number or prior authorization number.

   **NOTE***: If you have Source number or GBHC Referral number you must select the "Referral Number" menu option.*

5. Click **Claim Information** tab or **Next Page**.

Professional Claim Type: CMS-1500 Claims Entry (continued)

**Slide 7**

Continue entering claim information by completing the applicable fields on the **Claim Information** tab.

1. Click **Claim Information** tab.

2. To enter contract, spinal manipulation, EPSDT, service facility, supplemental, ambulance transport, vision, home health, claim note or file information, click the corresponding button to access additional fields.

    **NOTE:** *If you are a Health Check provider, you are required to complete ESDT Info screen.*

3. Click **Claim Line Items** tab or **Next Page**.

7

Continue entering claim information by completing the fields on the **Claim Line Items** tab.

1. Complete the fields in the **Claim Line Items** portlet.  Be aware of the following special field considerations:

    • **Date of Service** and **Back Billing Date** is the same date.

    • **Service Qual** is a required field if you are using HCPCS codes.

    • **Proc Code** is a required field.

    • **Diagnosis Code** is required if a diagnosis code was selected on the **Claim Data** tab.

    • **Charges** and **Place of Service** are required fields.

2.  To add a line item do the following:

    • Click **Add Line Item**.

    • Enter the appropriate data into the grid.

    • Repeat the previous two steps until all line item information has been entered.

3.  To edit line item information, click the corresponding button to access applicable fields.

4. Click **Save** to complete the claim entry.

Sending a Batch or Single Claim File
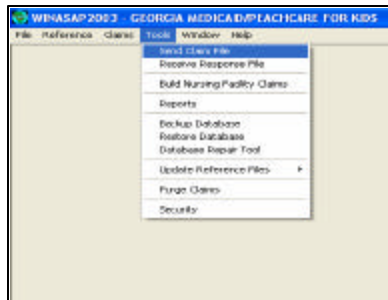
Slide 9

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To begin the transmit a batch claim file process, select **Send Claim File** from the **Tools**

menu.

**NOTES:**

- *All claim files transmitted by 2:00 pm on Friday are guaranteed for EFT payment processing during the current billing cycle. Files are electronically transmitted by batch. Individual claim files are not automatically transmitted when saved. Files transmitted after 2:00 p.m. on Friday will not be processed for EFT payment until the billing cycle.*

- *If the you are is using DSL, you must disconnect the DSL and use the modem to transmit.*

9

Sending a Batch or Single Claim File (continued)
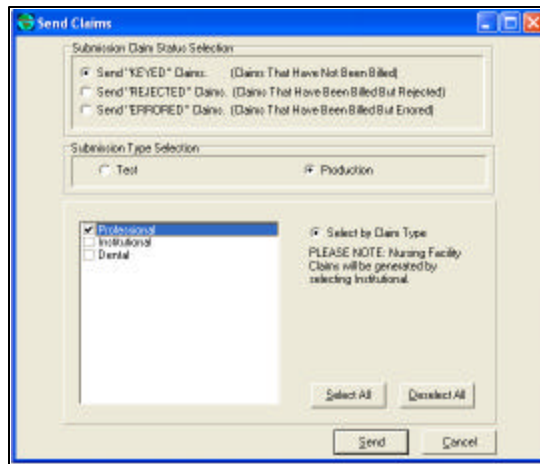
Slide 10

1. Enable the appropriate **Claim Status**.
2. Enable the appropriate **Submission Type**.
3. Enable the appropriate **Claim Type**.
4. Click **Send**.

10
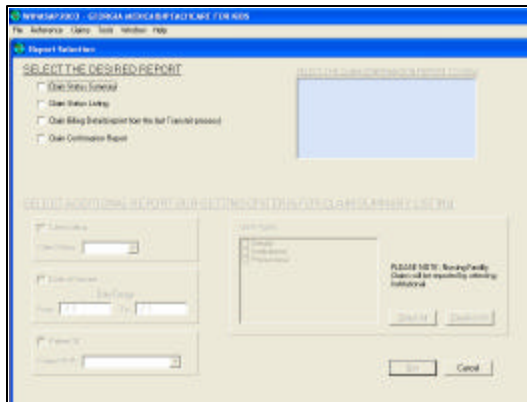
To generate a WINASAP report complete the following steps:

1. Select **Reports** from the **Tools** menu.

2. Enable the type of report from the choices in **Select The Desired Report** portlet.

3. Select all applicable reporting criteria from the choices in the **Select Additional Report Sub-Setting Criteria for Claim Summary Listing** portlet.

4. Click **Run** to generate the report.

## Conclusion

You should be able to:

- ❏ Understand the WINASAP2003 menu bar.
- ❏ Complete a claim entry.
- ❏ Understand the professional claim type windows.
- ❏ Send a batch or single claim file.
- ❏ Generate reports.

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## Where To Go When You Need Help

| Who to Contact | Urgency | Complexity | How | Response Time |
|---|---|---|---|---|
| Call Center | Immediate | Web Portal and EDI inquire | 800-987-6715 | 80% of all calls answered within 30 seconds |
| Contact Us E-mail | Urgent | General inquires, claims review/explanation, forms request | Contact Us link on the GHP Web Portal | 100% of e-mails answered in 72 hours |
| Field Services | Long-Term Assistance | Training – online or onsite, billing/claims issues impacting 25 or more claims, provider enrollment inquires, A/R recoupment – balance inquiries | 866-317-6024 Contact Us link on the GHP Web Portal | Five (5) business days |
| Self Service | Immediate | Claims status, excepti0n code descriptions, member eligibility, prior authorization submission and status, generate referrals and check status, procedure code look-up | www.ghp.ga.gov | Less than one second |
| Call Center | Immediate | Payment errors, billing instructions, claim explanations, provider enrollment instructions and status | 800-766-4456 | 80% of all calls answered within 30 seconds |

The GHP Web Portal's **Contact Us** feature has been enhanced to allow greater access to your ACS Provider Field Representatives. A new field representative option has been added to the **Inquiry Category** drop-drown menu selections.  This option allows you to choose the appropriate field representative for your territory.

Your field representative will respond to your inquiry within (5) business days. Most importantly, your field representative is best suited to handle more complex or time-intensive research inquiries. Such as, a large number of denials, a need for onsite training of new practice employees or refreshers for existing office staff.  Your field representative can also assist with training for specific categories of service.

ACS is committed to constantly improving service and communication with the Georgia Medicaid provider community.